

32692
Customer Number

Patent
Case No.: 59607US005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: PEUKER, MARC
Application No.: 10/598994 Confirmation No.: 3030
Filed: March 18, 2005
Title: PACKAGE ASSEMBLY FOR DENTAL SUBSTANCES

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.116

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

- ☒ transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

January 12, 2010 /Tracey L. Riley/
Date Signed by: Tracey L. Riley

Dear Sir:

This is in response to the outstanding Office Action, dated October 16, 2009, in the above-identified application.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this communication.

Remarks begin on page 9 of this communication.

Fees

- ☒ Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.
- ☐ Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723.
- ☒ Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.
- ☒ Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For		(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	18	Minus	**	36	0	x \$52.00	\$0.00
Independent Claims	2	Minus	***	3	0	x \$220.00	\$0.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid						\$390.00	
Total Additional Fee For This Amendment							\$0.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.							
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.							